

553

Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Yuma
 District of Yuma
 Town of Yuma
 or
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

State Index 96

ORIGINAL CERTIFICATE OF BIRTH.

Co. Register No. _____

Local Registrar's No. _____

(No. _____ St. _____ Ward _____)
 FULL NAME OF CHILD Gene Allen } Born } YES
 } Alive } ~~NO~~

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child Female Twin, Triplet or other — and } Number in order of birth — Legitimate? Yes Date of Birth July 21st 1912
 (Month) (Day) (yr.)

FATHER
 Full Name Charles Mason Allen
 Residence Miami Ariz

Color or Race W Age at last Birthday 32 (Years)

Birthplace Ind
 Occupation Merchant

MOTHER
 Full Maiden Name Edna Valentine Jones
 Residence Miami Ariz

Color or Race W Age at last Birthday 23 (Years)

Birthplace California
 Occupation House wife

Number of child of this mother 1 Number of children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on July 21st 1912 at 29 M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) [Signature]
 (Attending physician, midwife, householder.)

Given or christian name added from a

Address Miami Ariz

supplemental report _____ 191__

Filed 7/23 1912

Des Jay
 LOCAL REGISTRAR

915-721-512
 COUNTY REGISTRAR

Filed 8/5 1912

A True Copy
B. E. Jones
 COUNTY REGISTRAR